



PATENT
2024728-7014812001
(24728-7003)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:) Group Art Unit: 3739
Robert J. Garabedian et al.) Confirmation No.: 4498
Serial No.: 10/606,250) Examiner: Peffley, Michael F.
Filed: June 24, 2003)
For: METHOD OF GENERATING A)
COMPOUND LESION)

AMENDMENT AND RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed May 26, 2005, please amend the application as follows:

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

8/15/05
Date of Deposit

Jocelyn L. Lee
Jocelyn L. Lee



Shw
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For: **METHOD OF GENERATING A
COMPOUND LESION**)

TRANSMITTAL RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

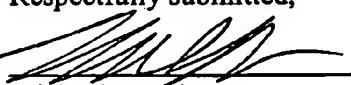
Dear Sir:

Transmitted herewith is a Response (8 pages) to Office Action, mailed May 26, 2005, for the above-identified application.

The Commissioner is hereby authorized to charge any fees which may be required to Deposit Account No. 50-2518, Docket No. 28-7014812001.

Respectfully submitted,

By:


Michael J. Bolan
Reg. No. 42,339

Bingham McCutchen LLP
Three Embarcadero Center, Suite 1800
San Francisco, California 94111

CERTIFICATE OF MAILING

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Jocelyn L. Lee

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10/606250

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 =	
INDEPENDENT CLAIMS		minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

8-22-05

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	FEES
Total	* 33	Minus	** 27	= 6		
Independent	* 2	Minus	*** 3	= —		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<input type="checkbox"/>

SMALL ENTITY
TYPE

RATE	FEES
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

OTHER THAN
OR SMALL ENTITY

RATE	FEES
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

OTHER THAN
SMALL ENTITY

SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$18=	300.
X86=	
+290=	
TOTAL ADDT. FEE	300.

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	FEES
Total	* —	Minus	** —	= —		
Independent	* —	Minus	*** —	= —		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	FEES
Total	* —	Minus	** —	= —		
Independent	* —	Minus	*** —	= —		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.